

EXHIBIT H


AmerisourceBergen®
INVOICEInvoice Number: **776401789**P.O. Number: **20160401**

Invoice Date: 04/04/2016

Order Date: 04/01/2016

Ship Date: 04/04/2016

Servicing DC

SELLER

AMERISOURCEBERGEN DRUG CORP 049
ONE INDUSTRIAL PARK DR.
WILLIAMSTON MI 48895-1601

Telephone State License DEA:
844-222-2273 5306001036 RA0290736

Remit To

AMERISOURCEBERGEN
POST OFFICE
PO Box 5188
NEW YORK NY 10087-5188

Ship To

ZMC PHARMACY SF
1041 SOUTH MAIN STREET
ROYAL OAK MI 48067

Acct: 100109754 / 049197095 State Lic:5301008889 DEA: FZ0899445

Sold To

ZMC PHARMACY SF
1041 SOUTH MAIN STREET
ROYAL OAK MI 48067

Facility Desc: SMART-FILL MEMBER

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Retail Price	SWP	Unit Price	Extended Amount
Carton Number : 00049877010161807335											
1	EA	ALPRAZOLAM 2 MG TAB 500	GBI	4	QP	10018741 251140	6 72530-903-50		982.55	25.29	25.29
1	EA	BUNAVAIL 4.2/0.7MG FLM 30	BDS	3		10144038 347524	5 93850-014-30		266.04	214.50	214.50
3	EA	BUPRENORPHINE NALOXONE 8MG/2MG TAB 30	TEV	3	QP	10146786 365318	0 0093-5721-56		312.64	136.72	410.16
1	EA	CHLORDIAZEPOXIDE HCL 5 MG CAP 100	TEV	4	Q	10048877 759738	0 0555-0158-02		35.25	9.54	9.54
1	EA	DIAZEPAM 10 MG TAB 1000	ATV	4	QP	10051324 792325	0 0591-5620-10		247.37	19.15	19.15
1	EA	MODAFINIL 100 MG TAB 30	ING	4	QP	10143573 344871	5 07420-152-30		662.00	91.97	91.97
13	EA	SUBOXONE 8/ 2 MG FLM 30	RKT	3		10087263 018549	1 24961-2080-3		266.04	214.50	2,788.50
1	EA	ZALEPLON 5 MG CAP 100	TEV	4	QP	10042304 638383	0 0093-5268-01		368.74	20.69	20.69
2	EA	ZUBSOLV 1.4- 0.36MG TAB 30	ORE	3		10125213 240929	5 41230-914-30		132.94	107.18	214.36
1	EA	ZUBSOLV 5.7- 1.4MG TAB 30	ORE	3		10125214 240933	5 41230-957-30		266.05	214.51	214.51

25 Total Number of Pieces for this Invoice

ZMC PHARMACY [REDACTED] NPI:1790150266
1041 S. MAIN ST.
ROYAL OAK, MI 48067
248.280.6401 V
248.280.6411 F

BILL TO: ESURANCE
CLAIMS
PO BOX 2869
CLINTON IA 52733

Assignment of Payment

Page: 2 of 3
Statement Range: 01/01/2001 - 04/09/2021

Terms: DUE UPON RECEIPT
Notes:

Balance Due: \$ 0.00
Amount Remitted: \$ _____

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
[REDACTED]			Cardholder ID: TXA0156776	Grp: ESURANCE	BD: 04/08/85	
04/25/16 258	240069	90	***OXYCODONE HCL 30MG PO TAB BEALE JR, JAMES E MD/00603-4992-28/Generic/90/30 Days	940.67	306.89	0.00
04/25/16 258	240087	60	***ALPRAZOLAM 2MG PO TAB BEALE JR, JAMES E MD/67253-0903-50/Generic/60/30 Days	373.73	117.91	0.00
06/23/16 258	247321	60	***OXYCODONE HCL 30MG PO TAB RITTER, MICHELE/00228-2879-11/Generic/60/30 Days	666.08	215.36	0.00
06/23/16 258	247322	60	***ALPRAZOLAM 1MG PO TAB BEALE JR, JAMES E MD/67253-0902-11/Generic/60/30 Days	217.52	65.84	0.00
07/20/16	250635	60	***OXYCODONE HCL 30MG PO TAB RITTER, MICHELE/00115-1316-13/Generic/60/30 Days	666.08	215.36	0.00
07/20/16	250637	60	***ALPRAZOLAM 1MG PO TAB RITTER, MICHELE/67253-0902-11/Generic/60/30 Days	217.52	65.84	0.00
08/23/16	254830	60	OXYMORPHONE HYDROCHLORIDE 15MG PO TAB RITTER, MICHELE/00115-1316-13/Generic/60/30 Days	1214.57	1214.57	0.00
08/23/16	254831	60	OXYCODONE HCL 30MG PO TAB RITTER, MICHELE/00228-2879-11/Generic/60/30 Days	666.08	666.08	0.00
08/23/16	254832	60	ALPRAZOLAM 1MG PO TAB RITTER, MICHELE/67253-0902-11/Generic/60/30 Days	217.52	217.52	0.00
08/23/16	254834	60	CYCLOBENZAPRINE HCL 10MG PO TAB RITTER, MICHELE/00603-3079-32/Generic/60/30 Days	216.47	216.47	0.00
08/23/16	254835	60	IBUPROFEN 600MG PO TAB RITTER, MICHELE/53746-0465-05/Generic/60/30 Days	114.95	114.95	0.00
08/23/16	254836	60	DOK 100MG PO CAP RITTER, MICHELE/00904-6457-80/Generic/60/30 Days	66.00	66.00	0.00
09/22/16	240076	30	COLCHICINE 0.6MG PO TAB BEALE JR, JAMES E MD/66993-0165-02/Brand/30/30 Days	535.23	535.23	0.00
09/22/16	254834	60	CYCLOBENZAPRINE HCL 10MG PO TAB RITTER, MICHELE/00603-3079-32/Generic/60/30 Days	216.47	216.47	0.00
09/22/16	254835	60	IBUPROFEN 600MG PO TAB RITTER, MICHELE/53746-0465-05/Generic/60/30 Days	114.95	114.95	0.00
09/22/16	254836	60	DOK 100MG PO CAP RITTER, MICHELE/00904-6457-80/Generic/60/30 Days	66.00	66.00	0.00
09/22/16	258722	60	OXYMORPHONE HYDROCHLORIDE 15MG PO TAB RITTER, MICHELE/00115-1316-13/Generic/60/30 Days	1214.57	1214.57	0.00

Thank you!

60+ Days	30-59 Days
N/A	N/A

Ins Total	Ins Pay	Cust Pay
Totals on page 3.		

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2009336

INVOICE

Invoice Number: 950041746

P.O. Number: 20190228

Invoice Date: 03/01/2019

Order Date: 02/28/2019

Ship Date: 03/01/2019

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Amount
4	EA	PROAIR HFA 90 MCG INH 8.5 GM	TEV	RX		10110651 199794	5 93100-579-22	77.92	62.66	250.64
1	EA	PROCTOSOL-HC 2.5% CRM 30 GM	SPI	RX	Q	10004367 038851	1 06310-407-01	87.33	49.33	49.33
1	EA	SERTRALINE HCL 50MG 500 TABS	AUR	RX	Q	10148733 381269	6 58620-012-05	1,424.15	16.84	16.84
1	EA	SUMATRIPTAN 6MG/0.5ML SDV 5X0.5 ML	SAN	RX	Q	10016495 200899	0 0781-3174-14	454.20	66.12	66.12
1	EA	TIMOLOL 0.5% OPH DRP 5 ML	FAL	RX	ZP	10000217 002873	6 13140-227-05	17.00	5.46	5.46
1	EA	TIMOLOL 0.5% OPH DRP 5 ML	GST	RX	Q	10000312 003509	6 07580-801-05	6.00	4.35	4.35
1	EA	TIZANIDINE 4 MG CAP 150	ATX	RX	Q	10141182 325845	6 05052-6490-7	515.52	74.40	74.40
2	EA	TOPIRAMATE ER 25 MG CAP 30	U-S	RX	Q	10141309 327256	0 0832-1071-30	265.19	155.90	311.80
1	EA	TRAZODONE HCL 300 MG TAB 100	ZYD	RX	Q	10192231 803882	6 83820-808-01	543.52	225.41	225.41
5	EA	TRIAMCINOLONE ACETONIDE 0.5% CRM 15 GM	PER	RX	Q	10020922 293993	4 58020-065-35	10.11	4.43	22.15
1	EA	VIMOVO 500/20MG TAB 60	HME	RX		10129693 257410	7 59870-030-04	2,978.64	2,395.33	2,395.33
Carton Number : 00049877010162176737										
2	EA	ACYCLOVIR 5% ONT 30 GM	TEV	RX	Q	10135460 289066	0 0591-1159-30	768.00	78.24	156.48
1	EA	AMLODIPINE BESYLATE 5 MG TAB 500	ASC	RX	Q	10151170 399824	6 78770-198-05	894.45	6.00	6.00
2	EA	ATOMOXETINE 40 MG CAP 30	ATX	RX	Q	10189530 773270	6 05052-8330-3	463.97	57.75	115.50
9	EA	BETAMETHASONE SOD-BETA ACE 30MG MDV 5ML	EPS	RX	ZP	10211272 843286	5 17545-0600-1	48.00	46.80	421.20
3	PK	CAMBIA 50 MG PWD 9	DPO	RX	P	10170197 581886	1 39130-012-03	816.72	656.78	1,970.34

ZMC PHARMACY [REDACTED] NPI:1790150266
1041 S. MAIN ST.
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248.280.6411 F

BILL TO: ALLSTATE
CLAIMS
PO BOX 2874
CLINTON IA 52733

Assignment of Payment

Page: 2 of 3
Statement Range: 01/01/2001 - 03/18/2021

Terms: DUE UPON RECEIPT
Notes:

Balance Due: \$ 0.00
Amount Remitted: \$ _____

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
Cardholder ID: 0516887627 Grp: ALLSTATE BD: 02/27/78						
10/29/18	381670	90	TIZANIDINE HCL 4MG PO TAB	395.61	395.61	0.00
10/30/18	381844	30	CHERNEY, REBECCA/60505-0252-02/Generic/90/30 Days	15.36	15.36	0.00
12/03/18	387461	90	NORTRIPTYLINE HCL 25MG PO CAP	395.61	395.61	0.00
12/12/18	389243	90	BELKIN, MARTIN I DO/51672-4002-02/Generic/30/30 Days	358.98	358.98	0.00
01/08/19	381670	90	TIZANIDINE HCL 4MG PO TAB	395.61	395.61	0.00
01/08/19	389243	90	CHERNEY, REBECCA/60505-0252-02/Generic/90/30 Days	358.98	358.98	0.00
01/11/19	393895	30	GABAPENTIN 300MG PO CAP	155.64	155.64	0.00
01/11/19	393897	30	BELKIN, MARTIN I DO/45963-0556-50/Generic/90/30 Days	151.26	151.26	0.00
01/11/19	393899	18	AMLODIPINE BESYLATE 5MG PO TAB	39.12	39.12	0.00
01/16/19	393901	18	MACHNACKI, DAVID/68382-0122-05/Generic/30/30 Days	35.49	35.49	0.00
02/05/19	387461	90	LOSARTAN POTASSIUM 25MG PO TAB	395.61	395.61	0.00
02/05/19	397736	90	MACHNACKI, DAVID/13668-0113-90/Generic/30/30 Days	425.22	425.22	0.00
02/05/19	397738	30	ACETAMINOPHEN/HYDROCODONE 325MG/7.5MG PO TAB	860.35	860.35	0.00
03/02/19	401115	30	ARNOLD, NATALIE/00406-0124-10/Generic/18/3 Days	1120.70	1120.70	0.00
04/11/19	393895	30	ACETAMINOPHE/HYDROCODONE 325MG/5MG PO TAB	161.01	161.01	0.00
04/11/19	393897	30	MCCALLISTER, ELAINE M PA/00406-0123-10/Generic/18/3 Days	151.26	151.26	0.00
04/11/19	401115	30	TIZANIDINE HCL 4MG PO TAB	1120.70	1120.70	0.00
			CHERNEY, REBECCA/60505-0252-02/Generic/90/30 Days			
			CYCLOBENZAPRINE HCL 5MG PO TAB			
			CHERNEY, REBECCA/43547-0399-50/Generic/90/30 Days			
			TROKENDI XR 25MG ER CAP			
			CHERNEY, REBECCA/17772-0101-01/Brand/30/30 Days			
			TROKENDI XR 50MG PO CAP			
			CHERNEY, REBECCA/17772-0102-01/Brand/30/30 Days			
			AMLODIPINE BESYLATE 5MG PO TAB			
			MACHNACKI, DAVID/67877-0198-05/Generic/30/30 Days			
			LOSARTAN POTASSIUM 25MG PO TAB			
			MACHNACKI, DAVID/13668-0113-90/Generic/30/30 Days			
			TROKENDI XR 50MG PO CAP			
			CHERNEY, REBECCA/17772-0102-01/Brand/30/30 Days			

Thank you!

60+ Days	30-59 Days	Ins Total	Ins Pay	Cust Pay
N/A	N/A	Totals on page 3.		

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2010418

INVOICE

Invoice Number: 955369692

P.O. Number: 20190617

Invoice Date: 06/18/2019

Order Date: 06/17/2019

Ship Date: 06/18/2019

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Discount	Extended Amount
1	EA	TRANSDERM SCOP 1.5 MG PAT 4	GSK	RX	ZP	10171410 593691	6 67580-208-54	89.88	73.41		73.41
6	EA	VENTOLIN HFA 90 MCG INH 18 GM	GSK	RX	P	10000746 007524	0 0173-0682-20	66.43	53.43		320.58
Carton Number : 00049877010168244706											
1	EA	AMLODIPINE-BENAZEPRIL 10-20 MG CAP 100	DRD	RX	QP	10114485 216549	5 51110-341-01	332.10	15.81		15.81
1	EA	ARIPIRAZOLE 2 MG TAB 100	ALM	RX	QP	10177697 668913	6 23320-097-31	3,207.50	33.11		33.11
2	EA	ARIPIRAZOLE 5MG TAB 30	ALM	RX	QP	10177660 667774	6 23320-098-30	960.00	9.50		19.00
1	EA	CITALOPRAM 40 MG TAB 500	TOR	RX	QP	10032395 497206	1 36680-011-05	1,323.65	17.06		17.06
1	EA	CLONIDINE HCL 0.1 MG ER TAB 60	AJN	RX	QP	10183484 714949	2 72410-108-06	269.98	133.18		133.18
2	EA	COLISTIMETHATE 150 MG VL 12	XEL	RX	QP	10210752 ** 840153	7 05940-023-04	403.20	264.69		529.38
1	EA	DICYCLOMINE HCL 10 MG CAP 100	LAN	RX	QP	10022911 332767	0 0527-0586-01	44.93	14.46		14.46
1	EA	DOXYCYCLINE 100 MG TAB 50	HRR	RX	QP	10141839 331525	6 74050-550-55	164.10	7.43		7.43
1	EA	ENALAPRIL MALEATE 5 MG TAB 100	TAR	RX	QP	10181714 700738	5 16724-0380-1	185.13	22.36		22.36
2	EA	FINASTERIDE 1MG TAB 90	AUR	RX	QP	10165714 543587	6 58620-927-90	219.53	14.72		29.44
3	EA	FLOVENT HFA 44 MCG INH 10.6 GM	GSK	RX	P	10039959 614154	0 0173-0718-20	224.62	180.63		541.89
2	EA	FLUOXETINE 60 MG TAB 30	TAR	RX	QP	10213362 855056	5 16725-3060-6	330.94	135.24		270.48
1	EA	GEMFIBROZIL 600MG TAB 500	CIP	RX	QP	10166032 546510	6 90970-821-12	1,157.70	43.89	2.20	41.69
1	EA	GUANFACINE 1MG 100 ER TABS	TEV	RX	QP	10146241 361097	0 0228-2850-11	1,049.11	49.56		49.56

ZMC PHARMACY [REDACTED] NPI:1790150266
 1041 S. MAIN ST.
 ROYAL OAK, MI 48067
 248.280.6401 V
 248.280.6411 F

BILL TO: ALLSTATE
 CLAIMS
 PO BOX 2874
 CLINTON IA 52733

Assignment of Payment

Page: 2 of 3
 Statement Range: 01/01/2001 - 03/18/2021

Terms: DUE UPON RECEIPT
 Notes:

Balance Due: \$ 0.00
 Amount Remitted: \$ _____

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
Cardholder ID: 04821781422PT Grp: ALLSTATE BD: 06/01/82						
11/08/17	323852	21	METHYLPREDNISOLONE DOSE P 4MG PO TAB	90.03	90.03	0.00
11/08/17	323856	90	MUBARAZ, ABLAH A NP/68001-0005-01/Generic/21/6 Days	425.22	425.22	0.00
11/08/17	323857	60	CYCLOBENZAPRINE HCL 5MG PO TAB	144.87	144.87	0.00
11/29/17	327201	60	MUBARAZ, ABLAH A NP/43547-0399-50/Generic/90/30 Days	123.30	123.30	0.00
11/29/17	327202	90	IBUPROFEN 800MG PO TAB	425.22	425.22	0.00
11/29/17	327203	60	MUBARAZ, ABLAH A NP/67877-0321-05/Generic/60/30 Days	118.26	118.26	0.00
01/04/18	332956	60	IBUPROFEN 800MG PO TAB	123.30	123.30	0.00
01/04/18	332957	90	MUBARAZ, ABLAH A NP/69238-1103-05/Generic/60/30 Days	425.22	425.22	0.00
01/04/18	332958	60	CYCLOBENZAPRINE HCL 5MG PO TAB	118.26	118.26	0.00
07/09/19	421258	30	MUBARAZ, ABLAH A NP/43547-0399-50/Generic/90/30 Days	2886.75	2886.75	0.00
07/19/19	423030	8	ACETAMINOPHE/HYDROCODONE 325MG/5MG PO TAB	294.87	294.87	0.00
07/27/19	424074	30	JOSHI, JAY MD/00406-0123-10/Generic/60/30 Days	1105.80	1105.80	0.00
07/27/19	424075	30	ARIPIPIRAZOLE 2MG PO TAB	1430.22	1430.22	0.00
08/16/19	427245	30	RAMAKRISHNA, CHALAKUDY/62332-0097-31/Generic/30/30 Days	41.52	41.52	0.00
08/23/19	427246	30	OLANZAPINE 5MG PO TAB	1430.22	1430.22	0.00
08/30/19	429321	30	RAMAKRISHNA, CHALAKUDY/69543-0381-30/Generic/8/8 Days	41.52	41.52	0.00
09/12/19	430210	90	VENLAFAXINE HCL ER 225MG PO TAB	124.59	124.59	0.00
			RAMAKRISHNA, CHALAKUDY/29033-0046-30/Generic/30/30 Days			
			HALOPERIDOL 1MG PO TAB			
			RAMAKRISHNA, CHALAKUDY/00378-0257-01/Generic/30/30 Days			
			VENLAFAXINE HCL ER 225MG PO TAB			
			RAMAKRISHNA, CHALAKUDY/29033-0046-30/Generic/30/30 Days			
			HALOPERIDOL 1MG PO TAB			
			RAMAKRISHNA, CHALAKUDY/00378-0257-01/Generic/30/15 Days			
			***HALOPERIDOL 1MG PO TAB			
			RAMAKRISHNA, CHALAKUDY/00378-0257-01/Generic/90/30 Days			

Thank you!

60+ Days	30-59 Days	Ins Total	Ins Pay	Cust Pay
N/A	N/A	Totals on page 3.		

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2008708

INVOICE

Invoice Number: 951861133

P.O. Number: 20190405

Invoice Date: 04/08/2019

Order Date: 04/05/2019

Ship Date: 04/08/2019

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Amount
3	EA	ARIPIRAZOLE 5MG TAB 30	ALM	RX	Q	10177660 667774	6 23320-098-30	960.00	9.50	28.50
2	EA	ARMOUR THYROID 2 GR TAB 100	ALR	RX		10025800 387399	0 0456-0461-01	184.34	148.25	296.50
2	EA	ARMOUR THYROID 30MG TAB 100	ALR	RX		10025798 387373	0 0456-0458-01	90.50	72.79	145.58
1	EA	ATORVASTATIN 20 MG TAB 1000	ATX	RX	Q	10106769 183133	6 05052-5790-8	5,773.67	56.86	56.86
1	EA	CYCLOBENZAPRINE HCL 10MG TAB 1000	SLC	RX	Q	10177800 668754	4 35470-400-11	1,091.49	14.66	14.66
1	EA	DULOXETINE 30MG DR CAP 1000	BPL	RX	Q	10173759 628099	6 80010-256-08	7,851.60	340.47	340.47
1	EA	GABAPENTIN 300 MG CAP 500 Schedule 5 in MI Item Substituted for 10170678	SPM	RX	Q	10192296 805176	5 02280-180-05	664.75	31.04	31.04
1	EA	GUANFACINE 4MG 100 ER TABS	TEV	RX	QP	10146243 361121	0 0228-2855-11	1,049.11	47.26	47.26
2	EA	IPRATROPIUM-ALBUTEROL 0.5-3MG INH 60X3ML	RIT	RX	Q	10158136 468619	7 62040-600-60	131.40	8.91	17.82
1	EA	LAMOTRIGINE 200MG TAB 500	CIP	RX	Q	10152297 413252	6 90970-152-12	2,826.33	26.21	26.21
1	EA	LAMOTRIGINE 300 MG ER TAB 30	DRD	RX	Q	10124768 238598	5 51110-428-30	673.07	196.69	196.69
1	EA	MEMANTINE HCL 10 MG TAB 60	MCL	RX	Q	10158993 475006	3 33420-298-09	365.65	10.26	10.26
1	EA	METFORMIN HCL 1000MG ER TAB 60	MYL	RX	Q	10168515 567289	0 0378-6001-91	1,884.00	307.69	307.69
2	EA	NYSTATIN 100 MU-GM ONT 15 GM	PER	RX	Q	10020877 293332	4 58020-048-35	17.50	3.21	6.42
1	EA	OMEPRAZOLE 40 MG DR CAP 1000	GPI	RX	Q	10169505 575492	6 84620-397-10	7,395.30	41.83	41.83

ZMC PHARMACY [REDACTED] NPI:1790150266
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BILL TO: ALLSTATE
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 PO BOX 2874
 CLINTON IA 52733-2874

Assignment of Payment

Page: 9 of 9
 Statement Range: 01/01/2001 - 03/12/2021

Terms: DUE UPON RECEIPT
 Notes:

Balance Due: \$ 0.00
 Amount Remitted: \$ _____

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
01/11/19	393955	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/42858-0104-50/Generic/55/30 Days	585.87	585.87	0.00
02/08/19	393951	60	CYCLOBENZAPRINE HCL 10MG PO TAB COSOVIC, SEID MD/43547-0400-11/Generic/60/30 Days	196.47	196.47	0.00
02/08/19	393952	60	FLECTOR 1.3% TR PATCH COSOVIC, SEID MD/60793-0411-30/Brand/60/30 Days	2237.80	2237.80	0.00
02/08/19	393953	30	LIDOCAINE 5% TO CREAM COSOVIC, SEID MD/47781-0571-73/Generic/30/30 Days	132.00	132.00	0.00
02/08/19	393954	30	MELOXICAM 15MG PO TAB COSOVIC, SEID MD/68382-0051-05/Generic/30/30 Days	436.05	436.05	0.00
02/08/19	398324	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/42858-0104-50/Generic/55/27 Days	585.87	585.87	0.00
03/20/19	404585	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/47781-0230-05/Generic/55/27 Days	585.87	585.87	0.00
04/27/19	393951	60	CYCLOBENZAPRINE HCL 10MG PO TAB COSOVIC, SEID MD/43547-0400-11/Generic/60/30 Days	196.47	196.47	0.00
04/27/19	410596	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/42858-0104-50/Generic/55/28 Days	585.87	585.87	0.00
06/12/19	417485	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/42858-0104-50/Generic/55/28 Days	585.87	585.87	0.00
08/12/19	426267	60	CYCLOBENZAPRINE HCL 10MG PO TAB COSOVIC, SEID MD/43547-0400-11/Generic/60/30 Days	196.47	196.47	0.00
08/12/19	426268	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/31722-0194-01/Generic/55/27 Days	585.87	585.87	0.00
					71638.53	

Thank you!

60+ Days	30-59 Days
0.00	0.00

Ins Total	Ins Pay	Cust Pay
N/A	0.00	N/A

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2003410

INVOICE

Invoice Date: 07/25/2018

Order Date: 07/24/2018

Ship Date: 07/25/2018

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Retail Price	SWP	Unit Price	Extended Discount	Extended Amount
1	EA	CILOSTAZOL 100 MG TAB 60	WES	RX	Q	10091558 194704	0 0054-0044-21		109.47	7.25		7.25
1	EA	DONEPEZIL HCL 10 MG TAB 1000	TOR	RX	Q	10097518 125563	1 36680-103-10	7,790.00		39.51		39.51
6	EA	FLUTICASONE PROP 50 MCG NAS SPY 16 GM	ATX	RX	Q	10041019 625215	6 05050-8290-1	85.26		4.54		27.24
1	EA	GABAPENTIN 800 MG TAB 500 AHP	BPL	RX	Q	10124012 236923	6 80010-007-03	1,515.50		85.28		85.28
		Item Substituted for 10168407										
12	EA	HYDROCORTISONE 2.5% CRM 28 GM	PER	RX	Q	10019885 276162	4 58020-004-03	10.80		2.47		29.64
3	EA	KETOCONAZOLE 2% SHAMPOO 120 ML	PER	RX	Q	10058273 938833	4 58020-465-64	27.75		6.17		18.51
4	EA	LIDOCAINE 5% PAT 30	TEV	RX	Q	10125620 242565	0 0591-3525-30	280.81		68.93		275.72
1	EA	MELOXICAM 15 MG TAB 1000	UPI	RX	Q	10008622 075861	2 93000-125-10	4,845.00		14.48		14.48
3	EA	ONDANSETRON HCL 8 MG TAB 30	CIT	RX	Q	10168687 568709	5 72370-076-30	1,179.95		3.67		11.01
		Item Substituted for 10146527										
4	EA	PROAIR HFA 90 MCG INH 8.5 GM	TEV	RX		10110651 199794	5 93100-579-22	71.48		57.49		229.96
1	EA	PROPRANOLOL HCL 160 MG ER CAP 100	ANI	RX	Q	10186318 738676	6 25590-533-01	388.36		73.59		73.59
1	EA	SERTRALINE HCL 25 MG TAB 500	CIP	RX	Q	10165900 545111	6 90970-833-12	1,357.00		17.43		17.43
		Item Substituted for 10148734										
1	EA	SERTRALINE HCL 50MG 500 TABS	AUR	RX	Q	10148733 381269	6 58620-012-05	1,424.15		16.84		16.84
1	EA	SILENOR 6 MG TAB 30	PTI	RX		10103835 163985	4 28470-106-30	505.05		413.30		413.30
2	EA	TIMOLOL 0.5% OPH DRP 10 ML	FAL	RX	Q	10000144 002147	6 13140-227-10	32.35		4.98		9.96
2	EA	TRANLYCYPROM 10 MG TAB 100	PAR	RX	Q	10001248 012258	4 98840-032-01	360.89		137.28		274.56
1	EA	TRAZODONE 50 MG TAB 500	TEV	RX	QP	10010785 095935	5 01110-433-02	419.24		22.14		22.14
		Item Substituted for 10057419										

2 of 2/01-01-2001 - 03-12-2021

ZMC PHARMACY [REDACTED] NPI:1790150266
 1041 S. MAIN ST.
 ROYAL OAK, MI 48067
 248.280.6401 V
 248.280.6411 F

Assignment of Payment

Page: 2 of 2
 Statement Range: 01/01/2001 - 03/12/2021

Terms: DUE UPON RECEIPT
 Notes:

Balance Due: \$ 0.00
 Amount Remitted: \$ _____

BILL TO: ALLSTATE
 CLAIMS
 PO BOX 2874
 CLINTON IA 52733

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
[REDACTED]						
Cardholder ID: 0484017454				Grp: ALLSTATE	BD: 12/03/38	
04/26/18	341386	90	***TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
04/26/18	351843	30	***DONEPEZIL HCL 5MG PO TAB HINDERER, STEVEN/13668-0102-90/Generic/30/30 Days	701.10	701.10	0.00
06/20/18	360682	90	TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
06/20/18	360686	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
09/20/18	375598	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
09/20/18	375599	30	MELATONIN 3MG PO TAB HINDERER, STEVEN/49348-0898-10/Generic/30/30 Days	3.78	3.78	0.00
11/12/18	360682	90	TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
11/12/18	375598	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
11/12/18	375599	30	MELATONIN 3MG PO TAB HINDERER, STEVEN/49348-0898-10/Generic/30/30 Days	3.78	3.78	0.00
12/06/18	360686	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
12/10/18	388247	90	TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
12/06/18	388260	30	MELATONIN 3MG PO TAB HINDERER, STEVEN/49348-0898-10/Generic/30/30 Days	3.78	3.78	0.00
12/15/18	389771	30	ESCITALOPRAM OXALATE 10MG PO TAB HINDERER, STEVEN/43547-0281-11/Generic/30/30 Days	389.70	389.70	0.00
					----- 4766.34	

Thank you!

60+ Days	30-59 Days
0.00	0.00

Ins Total	Ins Pay	Cust Pay
N/A	0.00	N/A

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2001967

INVOICE

Invoice Number: 945640117

P.O. Number: 20181126

Invoice Date: 11/27/2018

Order Date: 11/26/2018

Ship Date: 11/27/2018

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Discount	Extended Amount
2	EA	CLOBETASOL 0.05% CRM 30 GM	TAR	RX	Q	10005426 047969	5 16721-2580-2	256.46	24.67		49.34
1	EA	CLOTRIMAZOLE 10 MG LOZ 70	PER	RX	Q	10001455 014148	0 0574-0107-70	112.54	26.01		26.01
1	EA	CYPROHEPTADINE HCL 4MG TAB 100	ING	RX	Q	10163754 521773	5 07420-190-01	106.73	29.05		29.05
2	EA	DROSPIRENONE ETHINYL 3/0.03 MG TAB 3X28	LUP	RX	Q	10146430 362638	6 81800-902-13	230.04	34.10		68.20
6	EA	ENOXAPARIN 40MG/0.4ML SYG 10X0.4ML	TEV	RX	QP	10148740 381277	0 0703-8540-23	95.30	40.32		241.92
1	EA	ESCITALOPRAM 10MG TAB 1000	SLC	RX	Q	10164496 529216	4 35470-281-11	4,330.00	27.82		27.82
1	EA	IBUPROFEN 400MG TAB 500	ASC	RX	Q	10165348 539674	6 78770-319-05	171.04	29.65		29.65
1	EA	IBUPROFEN 800MG TAB 500	ASC	RX	Q	10165349 539647	6 78770-321-05	402.45	43.64		43.64
1	EA	JARDIANCE 25 MG TAB 90	B-I	RX		10142160 334180	0 0597-0153-90	1,673.82	1,346.04		1,346.04
1	EA	NIFEDIPINE XL ER 60 MG TAB 100	LAN	RX	Q	10032144 493357	6 21750-261-37	231.44	25.65		25.65
1	EA	NUEDEXTA 20 /10 MG CAP 60	AVP	RX	Q	10091666 072215	6 45970-301-60	1,317.60	1,006.60		1,006.60
2	EA	OXCARBAZEPINE 600 MG TAB 100	GPI	RX	Q	10040333 617858	6 84620-139-01	479.79	29.71		59.42
1	EA	TRI-LO-SPRINTEC 0.18-0.215MG TAB 3X28BP	TEV	RX	QP	10161910 503247	0 0093-2140-62	440.04	18.53		18.53
Carton Number : 00049877010166976463											
1	EA	CARVEDILOL 12.5 MG TAB 500	BPL	RX	QP	10129205 254641	6 80010-151-03	1,068.44	10.84		10.84
5	EA	CRINONE 4 % GEL 6X1.125GM	ALR	RX		10129474 256235	5 25440-255-24	123.00	98.92		494.60
1	EA	EDARBYCLOR 40/ 12.5MG TAB 30	ARB	RX		10145502 356480	6 06310-412-30	217.33	174.78		174.78

ZMC PHARMACY
 1041 S. MAIN ST.
 ROYAL OAK, MI 48067
 248.280.6401 V
 248.280.6411 F

NPI:1790150266

Assignment of Payment

Page: 2 of 2
 Statement Range: 01/01/2001 - 03/12/2021

Terms: DUE UPON RECEIPT
 Notes:

Balance Due: \$ 0.00
 Amount Remitted: \$

BILL TO: ALLSTATE
 CLAIMS
 PO BOX 2874
 CLINTON IA 52733

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
Cardholder ID: 0484017454 Grp: ALLSTATE BD: 12/03/38						
04/26/18	341386	90	***TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
04/26/18	351843	30	***DONEPEZIL HCL 5MG PO TAB HINDERER, STEVEN/13668-0102-90/Generic/30/30 Days	701.10	701.10	0.00
06/20/18	360682	90	TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
06/20/18	360686	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
09/20/18	375598	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
09/20/18	375599	30	MELATONIN 3MG PO TAB HINDERER, STEVEN/49348-0898-10/Generic/30/30 Days	3.78	3.78	0.00
11/12/18	360682	90	TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
11/12/18	375598	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
11/12/18	375599	30	MELATONIN 3MG PO TAB HINDERER, STEVEN/49348-0898-10/Generic/30/30 Days	3.78	3.78	0.00
12/06/18	360686	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
12/10/18	388247	90	TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
12/06/18	388260	30	MELATONIN 3MG PO TAB HINDERER, STEVEN/49348-0898-10/Generic/30/30 Days	3.78	3.78	0.00
12/15/18	389771	30	ESCITALOPRAM OXALATE 10MG PO TAB HINDERER, STEVEN/43547-0281-11/Generic/30/30 Days	389.70	389.70	0.00
					4766.34	

Thank you!

60+ Days	30-59 Days
0.00	0.00

Ins Total	Ins Pay	Cust Pay
N/A	0.00	N/A

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2001967

INVOICE

Invoice Number: 946371539
Invoice Date: 12/12/2018

Order Number: 20484211
Order Date: 12/11/2018

Ship Date: 12/12/2018

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Amount
7	EA	ZONISAMIDE 100 MG CAP 100	BPL	RX	Q	10134727 285221	6 80010-244-00	219.20	13.79	96.53
Carton Number : 00049877010167873204										
1	EA	FARXIGA 5MG TAB 30	AST	RX		10147921 375143	0 0310-6205-30	557.45	448.29	448.29
2	EA	LISINOPRIL 10 MG TAB 1000	BPL	RX	Q	10180682 690584	6 80010-334-08	1,004.20	19.06	38.12
1	EA	MELOXICAM 15 MG TAB 500	ZYD	RX	QP	10037511 579086	6 83820-051-05	2,422.45	12.12	12.12
4	EA	MOMETASONE FUROATE 0.1% TOP ONT 45 GM	GPI	RX	Q	10011118 100255	6 84620-225-55	49.00	6.96	27.84

Not Serviced Items:

2	EA	TRIFLUOPERAZINE HCL 1MG TAB 100	U-S	RX		10153940 429274	0 0832-0494-11	87.45		
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Item Unavailable from MFG

Anticipated Delivery Date 01/08/2019

108 Total Number of Pieces for this Invoice

Product Summary

<u>Supplies</u>	<u>RX Cost</u>	<u>OTC Cost</u>	<u>Retail</u>	<u>G/P %</u>
0.00	13,134.92	0.00	0.00	0.00

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	CD - Legend	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price T Taxable Item
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Total Amount: 13,134.92

This wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer

ZMC PHARMACY [REDACTED] NPI:1790150266
1041 S. MAIN ST.
ROYAL OAK, MI 48067
248.280.6401 V
248.280.6411 F

BILL TO: ALLSTATE
CLAIMS
PO BOX 2874
CLINTON IA 52733-2874

Assignment of Payment

Page: 9 of 9
Statement Range: 01/01/2001 - 03/12/2021

Terms: DUE UPON RECEIPT
Notes:

Balance Due: \$ 0.00
Amount Remitted: \$ _____

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
01/11/19	393955	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/42858-0104-50/Generic/55/30 Days	585.87	585.87	0.00
02/08/19	393951	60	CYCLOBENZAPRINE HCL 10MG PO TAB COSOVIC, SEID MD/43547-0400-11/Generic/60/30 Days	196.47	196.47	0.00
02/08/19	393952	60	FLECTOR 1.3% TR PATCH COSOVIC, SEID MD/60793-0411-30/Brand/60/30 Days	2237.80	2237.80	0.00
02/08/19	393953	30	LIDOCAINE 5% TO CREAM COSOVIC, SEID MD/47781-0571-73/Generic/30/30 Days	132.00	132.00	0.00
02/08/19	393954	30	MELOXICAM 15MG PO TAB COSOVIC, SEID MD/68382-0051-05/Generic/30/30 Days	436.05	436.05	0.00
02/08/19	398324	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/42858-0104-50/Generic/55/27 Days	585.87	585.87	0.00
03/20/19	404585	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/47781-0230-05/Generic/55/27 Days	585.87	585.87	0.00
04/27/19	393951	60	CYCLOBENZAPRINE HCL 10MG PO TAB COSOVIC, SEID MD/43547-0400-11/Generic/60/30 Days	196.47	196.47	0.00
04/27/19	410596	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/42858-0104-50/Generic/55/28 Days	585.87	585.87	0.00
06/12/19	417485	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/42858-0104-50/Generic/55/28 Days	585.87	585.87	0.00
08/12/19	426267	60	CYCLOBENZAPRINE HCL 10MG PO TAB COSOVIC, SEID MD/43547-0400-11/Generic/60/30 Days	196.47	196.47	0.00
08/12/19	426268	55	ACETAMINOPHE/OXYCODONE H 325MG/10MG PO TAB COSOVIC, SEID MD/31722-0194-01/Generic/55/27 Days	585.87	585.87	0.00
					71638.53	

Thank you!

60+ Days	30-59 Days	Ins Total	Ins Pay	Cust Pay
0.00	0.00	N/A	0.00	N/A

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2003410

INVOICE

Invoice Number: 956366229

P.O. Number: 20190708

Invoice Date: 07/09/2019

Order Date: 07/08/2019

Ship Date: 07/09/2019

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Amount
1	EA	ESCITALOPRAM 5MG TAB 100	SLC	RX	Q	10164497 529206	4 35470-280-10	415.00	2.45	2.45
1	EA	ESOMEPRAZOLE MAGNESIUM 20MG DR CAP 90	PER	RX	Q	10182175 704515	0 0186-0382-90	92.05	10.20	10.20
1	EA	FLUOXETINE HCL 20 MG CAP 1000	AUR	RX	Q	10023901 348920	6 58620-193-99	2,614.74	32.28	32.28
4	EA	JANUMET 50/ 1000MG TAB 60	MSD	RX		10023280 337910	0 0006-0577-61	541.44	435.41	1,741.64
2	EA	KETOCONAZOLE 2% CRM 30 GM	TAR	RX	Q	10046268 709814	5 16721-2980-2	208.44	25.73	51.46
1	EA	KETOCONAZOLE 2% SHAMPOO 120 ML	PER	RX	Q	10058273 938833	4 58020-465-64	30.25	12.42	12.42
1	EA	LIOTHYRONINE SODIUM 5 MCG TAB 90	SGM	RX	Q	10186792 743120	4 27940-018-12	76.50	36.79	36.79
1	EA	LOSARTAN POTASSIUM 50 MG TAB 1000	AUR	RX	Q	10167282 554923	6 58620-202-99	2,262.54	33.08	33.08
1	EA	METOCLOPRAMIDE HCL 10 MG TAB 100	TEV	RX	Q	10022240 320440	0 0093-2203-01	27.75	4.08	4.08
1	EA	METOPROLOL SUCCINATE ER 25MG TAB 1000	ING	RX	Q	10187430 748673	5 07420-615-10	1,227.45	71.66	71.66
1	EA	METOPROLOL SUCCINATE ER 50MG TAB 100	ING	RX	Q	10187366 748614	5 07420-616-01	127.93	7.72	7.72
1	EA	MEXILETINE HCL 150 MG CAP 100	TEV	RX	Q	10059149 954578	0 0093-8739-01	253.56	64.35	64.35
1	EA	NITROGLYCERIN SUBLINGUAL 0.4MG TAB 100	GPI	RX	Q	10182833 708805	6 84620-639-01	47.07	32.07	32.07
Item Substituted for 10167346										
2	EA	OLANZAPINE 5 MG TAB 30	VIR	RX	Q	10185014 727818	6 95430-381-30	368.60	2.12	4.24
1	EA	PREDNISOLONE ACETATE 1% OPH DRP 5 ML	FAL	RX	Q	10017348 216572	6 13140-637-05	55.32	38.36	38.36
2	EA	PREDNISONE 2.5 MG TAB 100	WES	RX	Q	10018959 256883	0 0054-4742-25	16.48	9.32	18.64

ZMC PHARMACY [REDACTED] NPI:1790150266
 1041 S. MAIN ST.
 ROYAL OAK, MI 48067
 248.280.6401 V
 248.280.6411 F

BILL TO: ALLSTATE
 CLAIMS
 PO BOX 2874
 CLINTON IA 52733

Assignment of Payment

Page: 2 of 3
 Statement Range: 01/01/2001 - 03/18/2021

Terms: DUE UPON RECEIPT
 Notes:

Balance Due: \$ 0.00
 Amount Remitted: \$ _____

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
Cardholder ID: 04821781422PT Grp: ALLSTATE BD: 06/01/82						
11/08/17	323852	21	METHYLPREDNISOLONE DOSE P 4MG PO TAB	90.03	90.03	0.00
11/08/17	323856	90	MUBARAZ, ABLAH A NP/68001-0005-01/Generic/21/6 Days	425.22	425.22	0.00
11/08/17	323857	60	CYCLOBENZAPRINE HCL 5MG PO TAB	144.87	144.87	0.00
11/29/17	327201	60	MUBARAZ, ABLAH A NP/43547-0399-50/Generic/90/30 Days	123.30	123.30	0.00
11/29/17	327202	90	IBUPROFEN 800MG PO TAB	425.22	425.22	0.00
11/29/17	327203	60	MUBARAZ, ABLAH A NP/69238-1103-05/Generic/60/30 Days	118.26	118.26	0.00
01/04/18	332956	60	ACETAMINOPHE/HYDROCODONE 325MG/5MG PO TAB	123.30	123.30	0.00
01/04/18	332957	90	MUBARAZ, ABLAH A NP/00406-0123-10/Generic/60/30 Days	425.22	425.22	0.00
01/04/18	332958	60	IBUPROFEN 800MG PO TAB	118.26	118.26	0.00
07/09/19	421258	30	JOSHI, JAY MD/69238-1103-05/Generic/60/60 Days	2886.75	2886.75	0.00
07/19/19	423030	8	CYCLOBENZAPRINE HCL 5MG PO TAB	294.87	294.87	0.00
07/27/19	424074	30	JOSHI, JAY MD/43547-0399-50/Generic/90/30 Days	1105.80	1105.80	0.00
07/27/19	424075	30	AMAKRISHNA, CHALAKUDY/69543-0381-30/Generic/8/8 Days	1430.22	1430.22	0.00
08/16/19	427245	30	OLANZAPINE 5MG PO TAB	41.52	41.52	0.00
08/23/19	427246	30	AMAKRISHNA, CHALAKUDY/00378-0257-01/Generic/30/30 Days	1430.22	1430.22	0.00
08/30/19	429321	30	VENLAFAXINE HCL ER 225MG PO TAB	41.52	41.52	0.00
09/12/19	430210	90	AMAKRISHNA, CHALAKUDY/29033-0046-30/Generic/30/30 Days	124.59	124.59	0.00
			HALOPERIDOL 1MG PO TAB			
			AMAKRISHNA, CHALAKUDY/00378-0257-01/Generic/30/15 Days			
			***HALOPERIDOL 1MG PO TAB			
			AMAKRISHNA, CHALAKUDY/00378-0257-01/Generic/90/30 Days			

Thank you!

60+ Days	30-59 Days
N/A	N/A

Ins Total	Ins Pay	Cust Pay
Totals on page 3.		

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2008708

Invoice Date: 06/27/2019

Order Date: 06/26/2019

Ship Date: 06/27/2019

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Amount
3	EA	CLONIDINE HCL 0.1 MG ER TAB 60	AJN	RX	QP	10183484 714949	2 72410-108-06	269.98	133.18	399.54
1	EA	CYCLOBENZAPRINE HCL 10MG TAB 1000	SLC	RX	QP	10177800 668754	4 35470-400-11	1,091.49	14.66	14.66
1	EA	DOXAZOSIN 1MG TAB 100	AHI	RX	QP	10162039 505141	1 67290-211-01	134.86	9.59	9.59
2	EA	DRYSOL DABOMA SOL 35 ML	P-C	RX	P	10035601 547166	0 0096-0707-35	8.51	6.85	13.70
4	EA	ELIQUIS 5 MG TAB 60	BMS	RX	P	10112089 203596	0 0003-0894-21	533.00	428.63	1,714.52
6	EA	ESCITALOPRAM 20 MG TAB 100	SLC	RX	QP	10170031 580233	4 35470-282-10	452.00	4.10	24.60
1	EA	FLOVENT DISKU 100MCG 60 FOIL STRIP INH	GSK	RX	P	10029024 437710	0 0173-0602-02	224.62	180.63	180.63
1	EA	FUROSEMIDE 40MG TAB 1000	LED	RX	QP	10164802 532606	6 93150-117-10	159.50	30.67	30.67
1	EA	LEVOTHYROXINE SODIUM 125 MCG TAB 1000	AMN	RX	QP	10192764 813121	6 92381-8360-7	658.72	381.79	381.79
1	EA	LISINOPRIL 30 MG TAB 100	SLC	RX	QP	10166124 547679	4 35470-355-10	150.00	3.33	3.33
4	EA	LITHIUM CARBONATE 150 MG CAP 100	GPI	RX	QP	10002827 025932	6 84620-220-01	15.00	6.71	26.84
4	EA	METFORMIN HCL 1000 MG ER TAB 60	LUP	RX	QP	10100740 140616	6 81800-337-07	1,884.00	307.70	1,230.80
1	EA	NAPROXEN SODIUM 550 MG TAB 100	WPS	RX	QP	10192894 815050	6 97840-550-01	356.53	46.36	46.36
3	EA	NP THYROID 15MG TAB 100	ACL	RX	QP	10170435 584223	4 21920-327-01	68.61	40.01	120.03
2	EA	OLANZAPINE 10 MG TAB 30	DRD	RX	QP	10130979 261608	4 35980-166-30	597.46	4.94	9.88
2	EA	OMEPRAZOLE 20 MG DR CAP 1000	GPI	RX	QP	10169507 575464	6 84620-396-10	4,300.20	33.31	66.62

This wholesale distributor, or a member of the affiliate of such wholesale distributor, purchased the product directly from the manufacturer, exclusive distributor of the manufacturer, or repackager that purchased the product directly from the manufacturer.

ZMC PHARMACY [REDACTED] NPI:1790150266
 1041 S. MAIN ST.
 ROYAL OAK, MI 48067
 248.280.6401 V
 248.280.6411 F

BILL TO: ALLSTATE
 CLAIMS
 PO BOX 2874
 CLINTON IA 52733

Assignment of Payment

Page: 2 of 18
 Statement Range: 01/01/2001 - 03/12/2021

Terms: DUE UPON RECEIPT
 Notes:

Balance Due: \$ 140225.59
 Amount Remitted: \$ _____

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
Cardholder ID: 0429088362 Grp: ALLSTATE BD: 07/18/61						
09/21/16	258645	15	***LIDOCAINE 5% TO PATCH	381.03	381.03	0.00
09/21/16	258646	30	ATASSI, RACHEED/00591-3525-30/Brand/15/15 Days	22.91	22.91	0.00
09/21/16	258648	60	***SM STOOL SOFTENER 100MG PO CAP	652.58	652.58	0.00
09/21/16	258649	30	ATASSI, RACHEED/49348-0616-90/Generic/30/30 Days	157.50	157.50	0.00
10/01/16	259982	30	***LEVETIRACETAM 500MG PO TAB	157.50	157.50	0.00
10/05/16	260452	60	ATASSI, RACHEED/68001-0117-07/Generic/60/30 Days	6213.00	6213.00	0.00
10/06/16	260612	56	***ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB	1367.45	1367.45	0.00
03/09/17	283654	60	ATASSI, RACHEED/00591-2612-05/Generic/30/7 Days	2298.00	2298.00	0.00
03/31/17	287126	20	ROSENBERG, JEFFREY/00591-2612-05/Generic/30/7 Days	120.53	120.53	0.00
03/31/17	287127	15	ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB	27.56	27.56	0.00
03/31/17	287131	30	VIMOVO 20MG/500MG EC TAB	157.50	157.50	0.00
05/31/19	415666	60	ROSENBERG, JEFFREY/75987-0030-04/Brand/60/30 Days	3522.00	3522.00	0.00
05/31/19	415667	30	***ZOHYDRO ER 20MG PO CAP	1016.88	1016.88	0.00
05/31/19	415668	60	ROSENBERG, JEFFREY/65224-0320-60/Brand/56/28 Days	209.58	209.58	0.00
06/04/19	416190	60	***NUDEXTA 20MG/10MG PO CAP	774.03	774.03	0.00
06/05/19	416201	30	PETRILLI, ANTHONY MD/64597-0301-60/Brand/60/30 Days	7.14	7.14	0.00
06/05/19	416202	30	***MORPHINE SULFATE ER 15MG SA TAB	364.29	364.29	0.00
			SOMALINGAM, PARAG, K, (MD/00406-8315-01/Generic/20/10 Days			
			***DIAZEPAM 5MG PO TAB			
			SOMALINGAM, PARAG, K, (MD/51862-0063-10/Generic/15/5 Days			
			***ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB			
			SOMALINGAM, PARAG, K, (MD/00591-2612-05/Generic/30/8 Days			
			***NUDEXTA 20MG/10MG PO CAP			
			CROUCH-ROSS, CAROL/64597-0301-60/Brand/60/30 Days			
			***ADZENYS XR-ODT 18.8MG PO ODT			
			CROUCH-ROSS, CAROL/70165-0030-30/Brand/30/30 Days			
			***DULOXETINE HCL 60MG PO CAP			
			CROUCH-ROSS, CAROL/68001-0257-08/Generic/60/30 Days			
			OMEPRAZOLE 20MG PO CAP			
			CAROUA, IZZAT/68462-0396-10/Generic/60/30 Days			
			HYDROCHLOROTHIAZIDE 25MG PO TAB			
			CAROUA, IZZAT/16729-0183-17/Generic/30/30 Days			
			ATORVASTATIN CALCIUM 10MG PO TAB			
			CAROUA, IZZAT/60505-2578-08/Generic/30/30 Days			

Thank you!

60+ Days	30-59 Days	Ins Total	Ins Pay	Cust Pay
N/A	N/A	Totals on page 18.		

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2002437

Invoice Date: 05/15/2019

Order Date: 05/14/2019

Ship Date: 05/15/2019

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Amount
3	EA	AZITHROMYCIN 200 MG-5 ML SUS 30 ML	TEV	RX	Q	10091127 063988	0 0093-2026-31	34.88	11.88	35.64
2	EA	BECONASE AQ 42 MCG NS SPY 25 GM	GSK	RX		10046737 718486	0 0173-0388-79	352.03	283.10	566.20
1	EA	CELECOXIB 100MG CAP 100	ALM	RX	Q	10177717 668244	6 23320-141-31	461.66	18.21	18.21
2	EA	DICLOFENAC SOD 75MG DR TAB 60	BPL	RX	Q	10160487 492058	6 80010-281-06	106.43	8.53	17.06
1	EA	DISULFIRAM 250 MG TAB 30	AVG	RX	Q	10125438 241556	4 77810-607-30	121.20	28.95	28.95
1	EA	ETODOLAC 400 MG TAB 100	AMN	RX	Q	10189802 778581	6 92381-3420-1	146.80	51.38	51.38
2	EA	HYDROCORTISONE 5MG TAB 50	STR	RX	Q	10182291 704858	4 25430-140-50	16.95	7.91	15.82
		Item Substituted for 10174785								
3	EA	LABETALOL HCL 200 MG TAB 100	ZYD	RX	Q	10210323 836027	6 83820-799-01	113.52	25.01	75.03
6	EA	LAMOTRIGINE 100MG TAB 100	CIP	RX	Q	10152331 412973	6 90970-149-07	473.76	4.72	28.32
1	EA	LASTACAPT 0.25 % SOL 3 ML	ALR	RX		10091029 063032	0 0023-4290-03	270.47	217.51	217.51
1	EA	LISINOPRIL 10 MG TAB 1000	SLC	RX	Q	10183789 717819	4 35470-416-11	990.00	10.75	10.75
2	EA	LOSARTAN POTASSIUM 50 MG TAB 90	TOR	RX	Q	10099503 132662	1 36680-409-90	203.40	3.89	7.78
5	EA	METHYLPREDNISONE 4 MG TAB 21 DSPK	GST	RX	Q	10106377 180740	5 97624-4400-2	30.02	6.06	30.30
1	EA	MONTELUKAST SODIUM 5 MG CHW 30	WES	RX	Q	10109975 197564	0 0054-0289-13	169.72	2.81	2.81
6	EA	ONDANSETRON HCL 4 MG TAB 30	RIS	RX	QP	10168686 568691	5 72370-075-30	743.35	2.41	14.46
		Item Substituted for 10098801								

ZMC PHARMACY [REDACTED] NPI:1790150266
1041 S. MAIN ST.
ROYAL OAK, MI 48067
248.280.6401 V
248.280.6411 F

Assignment of Payment

Page: 5 of 6
Statement Range: 01/01/2001 - 03/12/2021

Terms: DUE UPON RECEIPT
Notes:

Balance Due: \$ 20466.16
Amount Remitted: \$ _____

BILL TO: ALLSTATE
CLAIMS
PO BOX 2874
CLINTON IA 52733

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
11/26/18	369188	60	BUTTERBUR 75MG PO CAP MCKISSICK, MARIANNE/33739-0460-24/Brand/60/30 Days	50.00	50.00	0.00
11/26/18	371211	60	TOPIRAMATE 100MG PO TAB VELUGUBANTI, GIREESH/68382-0140-05/Generic/60/30 Days	1253.40	1253.40	0.00
03/14/19	369186	180	L-THEANINE 100MG PO CAP MCKISSICK, MARIANNE/63948-0095-56/Brand/180/30 Days	78.40	78.40	0.00
03/14/19	369187	90	5-HTP 100MG PO CAP MCKISSICK, MARIANNE/47469-0040-93/Generic/90/30 Days	90.00	90.00	0.00
03/14/19	369188	60	BUTTERBUR 75MG PO CAP MCKISSICK, MARIANNE/66298-0006-11/Brand/60/30 Days	50.00	50.00	0.00
03/28/19	405998	30	ONDANSETRON ODT 4MG SL TAB RAMAKRISHNAN, RAKESH MD/68001-0246-17/Generic/30/10 Days	2080.20	2080.20	0.00
04/09/19	369186	180	L-THEANINE 100MG PO CAP MCKISSICK, MARIANNE/63948-0095-56/Brand/180/30 Days	78.40	78.40	0.00
04/09/19	369187	90	5-HTP 100MG PO CAP MCKISSICK, MARIANNE/47469-0040-93/Generic/90/30 Days	90.00	90.00	0.00
04/09/19	369188	60	BUTTERBUR 75MG PO CAP MCKISSICK, MARIANNE/66298-0006-11/Brand/60/30 Days	50.00	50.00	0.00
04/09/19	407810	60	ACETAMINOPHE/OXYCODONE HY 325MG/5MG PO TAB RAMAKRISHNAN, RAKESH MD/42858-0102-50/Generic/50/10 Days	186.75	186.75	0.00
04/09/19	407811	40	***SETTLEMENT THROUGH 4/9/19 RAMAKRISHNAN, RAKESH MD/00172-3926-70/Generic/40/40 Days	23.94	23.94	0.00
04/30/19	411045	90	CALCIUM C 500MG CH TAB RAMAKRISHNAN, RAKESH MD/27917-0019-51/Brand/90/30 Days	33.75	33.75	0.00
04/30/19	411046	45	VITAMIN D 1000UNIT PO TAB RAMAKRISHNAN, RAKESH MD/00904-5824-60/Generic/45/30 Days	3.90	3.90	0.00
05/21/19	414243	30	PREPLUS PO TAB MCKISSICK, MARIANNE/69543-0258-50/Brand/30/30 Days	36.80	36.80	0.00
05/21/19	414245	30	ONDANSETRON HCL 4MG PO TAB MCKISSICK, MARIANNE/57237-0075-30/Generic/30/15 Days	2230.05	2230.05	0.00
06/19/19	369186	180	L-THEANINE 100MG PO CAP MCKISSICK, MARIANNE/63948-0095-56/Brand/180/30 Days	78.40	78.40	0.00
06/19/19	369187	90	5-HTP 100MG PO CAP MCKISSICK, MARIANNE/47469-0040-93/Generic/90/30 Days	90.00	90.00	0.00
06/19/19	369188	60	BUTTERBUR 75MG PO CAP MCKISSICK, MARIANNE/66298-0006-11/Brand/60/30 Days	50.00	50.00	0.00

Thank you!

60+ Days | 30-59 Days

N/A

N/A

Ins Total | Ins Pay | Cust Pay

Totals on page 6.

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2001610

INVOICE

Invoice Number: 958520626 P.O. Number: 2090820
Invoice Date: 08/21/2019 Order Date: 08/20/2019 Ship Date: 08/21/2019

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Discount	Extended Amount
1	EA	NITROFURANTOIN 25MG CAP 100	SPI	RX	QP	10167199 554271	5 76640-231-88	703.20	456.30		456.30
1	EA	OMEPRAZOLE 40 MG DR CAP 1000	GPI	RX	QP	10169505 575492	6 84620-397-10	7,395.30	40.54		40.54
2	EA	OXCARBAZEPINE 300 MG TAB 100	GPI	RX	Q	10040331 617840	6 84620-138-01	261.03	12.46		24.92
1	EA	PODOFILOX 0.5% TOPICA SOL 3.5 ML	TEV	RX	Q	10054640 866660	0 0591-3204-13	99.48	41.15		41.15
3	EA	PROPRANOLOL 40 MG TAB 100	TEV	RX	Q	10047322 731349	0 0591-5556-01	71.59	17.70		53.10
1	EA	RANITIDINE 150 MG TAB 500	STR	RX	Q	10170200 581830	6 43800-803-07	780.00	24.39		24.39
1	EA	TIZANIDINE 4 MG TAB 1000	ATX	RX	Q	10047161 728737	6 05050-2520-2	1,465.24	79.64		79.64
1	EA	TRAZODONE HCL 100 MG TAB 500	ZYD	RX	Q	10192235 803902	6 83820-806-05	661.11	32.92		32.92
1	EA	TRINTELLIX 5 MG TAB 30	TAK	RX		10165321 539027	6 47640-720-30	460.40	370.25		370.25
1	EA	TUDORZA PRESSAIR 400 MCG INH 60	CSA	RX	QP	10228980 897328	7 21240-002-01	37,440.00	486.75		486.75

93 Total Number of Pieces for this Invoice

Product Summary				
Supplies	RX Cost	OTC Cost	Retail	G/P %
0.00	12,165.70	0.00	0.00	0.00

Class Codes	Controlled Substances 2, 2N, 3, 3N, 4, 5	RX Pharmaceuticals OT Over the Counter HB Health & Beauty	GM General Merchandise MS Medical Supplies LC Listed Chemicals	CD - Legend	P Price Change (Within Past 30 days) Q Contract R Program Price Z Supernet Price T Taxable Item
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Total Amount: 12,165.70

ZMC PHARMACY
1041 S. MAIN
ROYAL OAK, MI 48067
248.280.6401 V
248.280.6411 F

NPI:1790150266

Assignment of Payment

Page: 11 of 12
Statement Range: 01/01/2001 - 03/17/2021

Terms: DUE UPON RECEIPT
Notes:

Balance Due: \$ 8729.76
Amount Remitted: \$

BILL TO: ALLSTATE
CLAIMS
PO BOX 2874
CLINTON IA 52733

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
08/09/19	420410	30	TAB-A-VITE PO TAB DEWILDE, STEVEN, DO/00904-0530-80/Generic/30/30 Days	1.86	1.86	0.00
08/09/19	426080	60	NAPROXEN 500MG PO TAB DEWILDE, STEVEN, DO/68462-0190-05/Generic/60/30 Days	214.65	214.65	0.00
08/09/19	426081	30	DOK 100MG PO CAP DEWILDE, STEVEN, DO/00904-6457-80/Generic/30/30 Days	2.22	2.22	0.00
08/09/19	426086	90	OXYCODONE HCL 30MG PO TAB DEWILDE, STEVEN, DO/13107-0057-01/Generic/90/30 Days	969.12	969.12	0.00
08/09/19	426088	60	RANITIDINE HCL 150MG PO TAB DEWILDE, STEVEN, DO/64380-0803-07/Generic/60/30 Days	280.80	280.80	0.00
09/05/19	426089	30	TAB-A-VITE PO TAB DEWILDE, STEVEN, DO/00904-0530-80/Generic/30/30 Days	1.86	1.86	0.00
09/05/19	429954	60	RANITIDINE HCL 150MG PO TAB DEWILDE, STEVEN, DO/64380-0803-07/Generic/60/30 Days	280.80	280.80	0.00
09/05/19	429964	30	DOK 100MG PO CAP DEWILDE, STEVEN, DO/00904-6457-80/Generic/30/30 Days	2.22	2.22	0.00
09/05/19	429965	60	NAPROXEN 500MG PO TAB DEWILDE, STEVEN, DO/68462-0190-05/Generic/60/30 Days	214.65	214.65	0.00
09/05/19	429968	90	OXYCODONE HCL 30MG PO TAB DEWILDE, STEVEN, DO/13107-0057-01/Generic/90/30 Days	969.12	969.12	0.00
10/10/19	429967	30	TAB-A-VITE PO TAB DEWILDE, STEVEN, DO/00904-0530-80/Generic/30/30 Days	1.86	1.86	0.00
10/10/19	435662	90	OXYCODONE HCL 30MG PO TAB DEWILDE, STEVEN, DO/13107-0057-01/Generic/90/30 Days	969.12	969.12	0.00
10/10/19	435663	60	NAPROXEN 500MG PO TAB DEWILDE, STEVEN, DO/68462-0190-05/Generic/60/30 Days	214.65	214.65	0.00
10/10/19	435664	60	DOK 100MG PO CAP DEWILDE, STEVEN, DO/00904-6457-80/Generic/60/30 Days	4.44	4.44	0.00
10/10/19	435665	60	RANITIDINE HCL 150MG PO TAB DEWILDE, STEVEN, DO/64380-0803-08/Generic/60/30 Days	280.80	280.80	0.00
10/10/19	435668	30	CYCLOBENZAPRINE HCL 10MG PO TAB DEWILDE, STEVEN, DO/43547-0400-11/Generic/30/30 Days	98.22	98.22	0.00
11/07/19	439780	30	DOK 100MG PO CAP DEWILDE, STEVEN, DO/00904-6457-80/Generic/30/30 Days	2.22	2.22	0.00
11/07/19	439781	60	NAPROXEN 500MG PO TAB DEWILDE, STEVEN, DO/68462-0190-05/Generic/60/30 Days	214.65	214.65	0.00

Thank you!

60+ Days	30-59 Days
N/A	N/A

Ins Total	Ins Pay	Cust Pay
Totals on page 12.		

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2007590

INVOICE

Invoice Date: 07/11/2018

Order Date: 07/10/2018

Ship Date: 07/11/2018

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	Retail Price	SWP	Unit Price	Extended Discount	Extended Amount
1	EA	FOLIC ACID 1 MG TAB 100	AMN	RX	Q	10030597 469698	6 51620-361-10		33.15	5.04		5.04
3	EA	GABAPENTIN 300 MG CAP 500	ATV	RX	Q	10140363 320414	4 59630-556-50		664.80	35.56		106.68
1	EA	GABAPENTIN 600 MG TAB 500 AHP	BPL	RX	Q	10124009 236909	6 80010-006-03		1,263.10	63.68		63.68
3	EA	GRALISE 600 MG TAB 90	DPO	RX	P	10100327 137467	1 39130-005-19		916.56	737.07		2,211.21
1	EA	IBUPROFEN 800 MG TAB 500	AMN	RX	Q	10184932 727354	6 51620-466-50		342.50	45.30		45.30
1	EA	JANUVIA 100 MG TAB 90	MSD	RX		10051503 798292	0 0006-0277-54		1,546.56	1,243.70		1,243.70
2	EA	LEVOTHYROXINE SOD 200MCG TAB 90	MYL	RX	Q	10168132 563243	0 0378-1819-77		72.67	60.54		121.08
1	EA	LISINOPRIL-HCTZ 10-12.5 MG TAB 500	LUP	RX	Q	10027470 413029	6 81800-518-02		560.20	11.95		11.95
2	EA	LOSARTAN POTASSIUM 100 MG TAB 1000	TOR	RX	Q	10124908 239215	1 36680-115-10		3,078.64	42.58		85.16
		Item Substituted for 10161688										
2	EA	MEXILETINE HCL 150 MG CAP 100	TEV	RX	Q	10059149 954578	0 0093-8739-01		253.56	64.35		128.70
1	EA	MISOPROSTOL 100 MCG TAB 60	GST	RX	Q	10042847 647242	5 97625-0070-1		49.45	23.05		23.05
2	EA	OFLOXACIN 0.3% OPH DRP 5 ML	AKO	RX	QP	10031306 481940	1 74780-713-10		20.94	12.32		24.64
1	EA	OXYBUTYNIN 10 MG ER TAB 100	LAN	RX	QP	10005494 048637	6 21750-271-37		307.60	29.05		29.05
2	EA	OXYBUTYNIN CHLORIDE 5 MG TAB 100	RIS	RX	Q	10184759 725857	6 49800-431-01		76.03	19.26		38.52
1	EA	PAZEO OPHTHALMIC SOLUTION 0.7% 2.5ML	NVR	RX		10148414 379123	0 0065-4273-25		216.35	173.98		173.98
1	EA	PREMARIN VAG 0.625 MG CRM 30 GM	PFZ	RX		10104923 171652	0 0046-0872-21		426.92	343.32		343.32
1	EA	QUETIAPINE USP 25 MG TAB 1000 AHP	BPL	RX	Q	10133621 278424	6 80010-185-08		3,996.54	88.87		88.87
3	EA	RIZATRIPTAN BENZ 10 MG TAB (4X3) 12 UD	MCL	RX	Z	10147678 374114	3 33420-088-50		398.50	9.07		27.21
1	EA	ROPINIROLE 0.5MG TAB 100	ALM	RX	Q	10163369 518124	6 23320-031-31		249.98	6.34		6.34
		Item Substituted for 10151031										

ZMC PHARMACY
 1041 S. MAIN ST.
 ROYAL OAK, MI 48067
 248.280.6401 V
 248.280.6411 F

NPI:1790150266

Assignment of Payment

Page: 3 of 3
 Statement Range: 01/01/2001 - 03/12/2021

Terms: DUE UPON RECEIPT
 Notes:

Balance Due: \$ 0.00
 Amount Remitted: \$

BILL TO: ALLSTATE
 CLAIMS
 PO BOX 2874
 CLINTON IA 52733

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
07/10/18	357319	30	ZALEPLON 10MG PO CAP HINDERER, STEVEN/00093-5269-01/Generic/30/30 Days	340.92	340.92	0.00
07/10/18	357328	60	OXYCONTIN 30MG SR TAB HINDERER, STEVEN/59011-0430-10/Brand/60/30 Days	1715.95	1715.95	0.00
07/10/18	357329	120	OXYCODONE HCL 15MG PO TAB HINDERER, STEVEN/10702-0008-50/Generic/120/30 Days	682.14	682.14	0.00
08/06/18	357314	12	RIZATRIPTAN BENZOATE 10MG PO TAB HINDERER, STEVEN/33342-0088-50/Generic/12/30 Days	1195.50	1195.50	0.00
08/20/18	370484	28	GRALISE 300MG PO TAB BLEIBERG, MARVIN NEIL MD/13913-0004-19/Brand/28/14 Days	712.88	712.88	0.00
08/28/18	357314	12	RIZATRIPTAN BENZOATE 10MG PO TAB HINDERER, STEVEN/33342-0088-50/Generic/12/30 Days	1195.50	1195.50	0.00
					----- 27368.45	

Thank you!

60+ Days	30-59 Days
0.00	0.00

Ins Total	Ins Pay	Cust Pay
N/A	0.00	N/A

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2001816



CardinalHealth

CARDINAL HEALTH
71 MIL ACRES DRIVE
WHEELING, WV 26003
DEA RO-0153609 FED ID 31-1470544

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ZMC PHARMACY
1041 SOUTH MAIN STREET
ROYAL OAK, MI 48067

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ZMC PHARMACY
1041 SOUTH MAIN STREET
ROYAL OAK, MI 48067

CUST. NO.	DATE	CORRECTED INVOICE	
722749	8/04/15	2328460	
REG. NO.	CUST. DEA NO.	ORDER NO.	CUSTOMER P.O. NUMBER
01008889	FZ0899445	4474482	
DEPT.	ORDER DATE	CONF. NO.	
	8/03/15	09014	

ITEM NUMBER	NDC/UPC	QTY ORDERED	QTY SHIPPED	QTY INIT	U/M	DESCRIPTION	SIZE	FORM	QTY	UNIT PRICE	EXTENSION	NOTE CODE
	TOTE# 3					ASN# 8-250-2144						
3513355	00603-2115-21	1	1	1	EA	ALLOPURINOL 100MG 100	100TB			14.45	1445CT	
4848511	65862-0584-01	2	2	2	EA	AMLODIPINE/BENAZ 5-20MG 100	100CP			37.40	7480CT	
3440161	66685-1001-00	6	6	6	EA	AMOX/POT CLAV 875-125 20	20TB			8.70	5220CT	
4603171	45802-0961-26	1	1	1	EA	CLOBETASOL 0.05% 118ML	1SH			308.22	30822CT	
3578234	45802-0222-35	3	3	3	EA	FLUTICASONE PROP 0.05% 15GM	1CR			8.65	2595CT	
3531597	45802-0112-22	10	10	10	EA	MUPIROCIN 2% 22GM	1OI			5.86	5860CT	
1813765	00378-1101-01	1	1	1	EA	PRAZOSIN HCL 1MG 100	100CP			38.32	3832CT	
3965613	68180-0353-02	1	1	1	EA	SERTRALINE HCL 100MG 500	500TB			22.24	2224CT	
	see message(s): 121											
3965613	68180-0353-02	2	2	2	EA	SERTRALINE HCL 100MG 500	500TB			22.24	4448CT	
	see message(s): 121											
						SUBSTITUTION FOR ITEM 373-7731 NDC/UPC	59762-4910-05					
4218897	67877-0124-25	2	2	2	EA	SILVER SULFAD 1% 25GM TUBE	1CR			5.38	1076CT	
4218921	67877-0124-40	1	1	1	EA	SILVER SULFAD 1% 400GM JAR	1CR			37.60	3760CT	
2481133	00378-2537-01	2	2	2	EA	TRIAMTERENE/HCTZ 37.5-25MG 100	100CP			20.68	4136CT	
						SUBSTITUTION FOR ITEM 454-9051 NDC/UPC	00527-1632-01					
3515079	53489-0376-01	1	1	1	EA	TRIMETHOBENZAMIDE 300MG 100	100CP			145.11	14511CT	
3731965	58980-0624-15	6	6	6	EA	X-VIATE 40% 15ML	1GL			24.74	14844CT	
						ASN# 8-250-2144						
3510351	00054-3120-41	2	2	2	EA	CALCITRIOL 1MCG/ML 15ML 20DSPN	1SL			85.66	CT	
			39			TOTAL PIECES SHIPPED						
						----- S U M M A R Y -----						
						Total RX				1022.53		
						NET AMOUNT				1022.53		
INVOICE	SHIP DATE: 8/04/2015											
For SDS	Visit: http://www.mycardinalsdsd.com											

Note Codes:
T Taxable
G Generic Sub
SP Special Pricing

CT Contract
SN Special Net
OV Price Override
CS Source Contract

Omit Codes:
C Dropship
2 DC Out
3 Mfr Out
4 Not stocked
5 Mfr Disc
6 DC Disc
7 Drug Recall
8 New item/stock unavail.
9 Restricted item

List Chemical Designations
E - Ephedrine
P - Phenylpropanolamine
S - Pseudoephedrine
L - Other List Chemical



849 / 509

Customer is a final dispenser purchasing for own use and will not redistribute prescription pharmaceuticals into the secondary market.

The prices shown on this invoice are net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts or rebates. Please refer to your contract for any specific additional discounts or rebates that may apply to these purchases. You may have an obligation pursuant to 42 USC §1320a-7b to report discounts and rebates to Medicare, Medicaid or other governmental health care programs. Effective January 1, 2015, DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform, such as Order Express or Med eCommerce, or at cardinalhealth.com/trace.

ZMC PHARMACY [REDACTED] NPI:1790150266
 1041 S. MAIN ST.
 ROYAL OAK, MI 48067
 248.280.6401 V
 248.280.6411 F

BILL TO: ALLSTATE
 CLAIMS
 PO BOX 2874
 CLINTON IA 52733

Assignment of Payment

Page: 2 of 3
 Statement Range: 01/01/2001 - 03/18/2021

Terms: DUE UPON RECEIPT
 Notes:

Balance Due: \$ 0.00
 Amount Remitted: \$ _____

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
[REDACTED]						
--- Cardholder ID: 0351402698				Grp: ALLSTATE	BD: 04/13/81	
01/27/15	196849	30	ACETAMINOPHE/HYDROCODON 325MG/7.5MG PO TAB	63.68	63.68	0.00
98			AMIN, BABU J MD/00603-3891-32/Generic/30/30 Days			
01/27/15	196850	30	CYCLOBENZAPRINE HCL 5MG PO TAB	106.29	106.29	0.00
98			AMIN, BABU J MD/00591-3256-01/Generic/30/30 Days			
03/09/15	200074	30	ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB	66.30	66.30	0.00
98			AMIN, BABU J MD/00591-2612-05/Generic/30/30 Days			
03/09/15	200076	60	IBUPROFEN 800MG PO TAB	104.85	104.85	0.00
98			AMIN, BABU J MD/67877-0296-05/Generic/60/30 Days			
04/02/15	202348	60	IBUPROFEN 800MG PO TAB	203.16	203.16	0.00
98			AMIN, BABU J MD/67877-0296-05/Generic/60/30 Days			
04/02/15	202349	90	GABAPENTIN 100MG PO CAP	201.84	201.84	0.00
98			AMIN, BABU J MD/67877-0222-05/Generic/90/30 Days			
04/06/15	202591	30	ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB	157.50	157.50	0.00
98			AMIN, BABU J MD/00591-2612-05/Generic/30/30 Days			
05/08/15	205467	30	ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB	157.50	157.50	0.00
98			AMIN, BABU J MD/00591-2612-05/Generic/30/30 Days			
05/08/15	205468	60	IBUPROFEN 800MG PO TAB	154.87	154.87	0.00
98			AMIN, BABU J MD/67877-0296-05/Generic/60/30 Days			
05/08/15	205469	90	GABAPENTIN 300MG PO CAP	369.28	369.28	0.00
98			AMIN, BABU J MD/67877-0223-05/Generic/90/30 Days			
06/05/15	207874	20	ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB	105.00	105.00	0.00
98			MCAHON, DENNIS/00591-2612-05/Generic/20/3 Days			
06/10/15	208307	45	ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB	236.30	236.30	0.00
98			HURAIBI, HUSSEIN/00591-2612-05/Generic/45/22 Days			
06/10/15	208308	90	GABAPENTIN 300MG PO CAP	369.28	369.28	0.00
98			HURAIBI, HUSSEIN/67877-0223-05/Generic/90/30 Days			
07/08/15	210707	45	ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB	236.30	236.30	0.00
98			HURAIBI, HUSSEIN/00591-2612-05/Generic/45/22 Days			
07/08/15	210708	90	GABAPENTIN 300MG PO CAP	369.28	369.28	0.00
98			HURAIBI, HUSSEIN/67877-0223-05/Generic/90/30 Days			
07/08/15	210709	30	SERTRALINE HCL 100MG PO TAB	266.62	266.62	0.00
98			HURAIBI, HUSSEIN/68180-0353-02/Generic/30/30 Days			
08/10/15	213598	45	ACETAMINOPHE/HYDROCODONE 325MG/10MG PO TAB	236.30	236.30	0.00
98			HURAIBI, HUSSEIN/00591-2612-05/Generic/45/22 Days			

Thank you!

60+ Days	30-59 Days	Ins Total	Ins Pay	Cust Pay
N/A	N/A	Totals on page 3.		

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2010588

INVOICE

Invoice Number: 945457656 P.O. Number: 20181120

Invoice Date: 11/21/2018

Order Date: 11/20/2018

Ship Date: 11/21/2018

SELLER

BUYER

Servicing DC

AMERISOURCEBERGEN DRUG CORP 049
ONE INDUSTRIAL PARK DR.
WILLIAMSTON MI 48895-1601

Telephone State License DEA:
844-222-2273 5306001036 RA0290736

Remit To

AMERISOURCEBERGEN
POST OFFICE
PO Box 5188
NEW YORK NY 10087-5188

Ship To

ZMC PHARMACY SF
1041 SOUTH MAIN STREET
ROYAL OAK MI 48067

Sold To

ZMC PHARMACY SF
1041 SOUTH MAIN STREET
ROYAL OAK MI 48067

Facility Desc: SMART-FILL MEMBER

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Amount
Carton Number : 00049877010166763346										
1	EA	ALPRAZOLAM 0.5 MG TAB 1000	PAR	4	Q	10000161002307	6 72530-901-11	939.72	18.52	18.52
1	EA	ALPRAZOLAM 1 MG TAB 1000	PAR	4	Q	10003445031393	6 72530-902-11	1,097.25	18.38	18.38
7	EA	BUPRENORPHINE SL 8MG 30 TABS	TEV	3	Q	10149886389357	0 0228-3153-03	253.80	42.61	298.27
2	EA	LYRICA 150 MG CAP 90	PFZ	5		10035119539787	0 0071-1016-68	802.61	647.11	1,294.22
20	EA	SUBOXONE 8/ 2 MG FLM 30	RKT	3		10087263018549	1 24961-2080-3	293.33	236.50	4,730.00
1	EA	TESTOSTERONE 2% GEL PUMP 60 GM	PAR	3N	Q	10143104340930	0 0603-7831-88	409.57	313.97	313.97
1	EA	TRAMADOL 50 MG TAB 1000	SPI	4	Q	10054491863288	5 76640-377-18	838.00	21.42	21.42
3	EA	ZUBSOLV 2.9/0.71MG TAB 3X10UD	ORE	3		10157566463897	5 41230-929-30	298.93	241.02	723.06
10	EA	ZUBSOLV 5.7- 1.4MG TAB 30	ORE	3		10125214240933	5 41230-957-30	298.93	241.02	2,410.20
46	Total Number of Pieces for this Invoice									

ZMC PHARMACY [REDACTED] NPI:1790150266
 1041 S. MAIN ST.
 ROYAL OAK, MI 48067
 248.280.6401 V
 248.280.6411 F

Assignment of Payment

Page: 2 of 2
 Statement Range: 01/01/2001 - 03/12/2021

Terms: DUE UPON RECEIPT
 Notes:

Balance Due: \$ 0.00
 Amount Remitted: \$ _____

BILL TO: ALLSTATE
 CLAIMS
 PO BOX 2874
 CLINTON IA 52733

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
Cardholder ID: 0484017454 Grp: ALLSTATE BD: 12/03/38						
04/26/18	341386	90	***TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
04/26/18	351843	30	***DONEPEZIL HCL 5MG PO TAB HINDERER, STEVEN/13668-0102-90/Generic/30/30 Days	701.10	701.10	0.00
06/20/18	360682	90	TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
06/20/18	360686	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
09/20/18	375598	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
09/20/18	375599	30	MELATONIN 3MG PO TAB HINDERER, STEVEN/49348-0898-10/Generic/30/30 Days	3.78	3.78	0.00
11/12/18	360682	90	TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
11/12/18	375598	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
11/12/18	375599	30	MELATONIN 3MG PO TAB HINDERER, STEVEN/49348-0898-10/Generic/30/30 Days	3.78	3.78	0.00
12/06/18	360686	30	DONEPEZIL HCL 10MG PO TAB HINDERER, STEVEN/13668-0103-10/Generic/30/30 Days	701.10	701.10	0.00
12/10/18	388247	90	TRAMADOL HCL 50MG PO TAB HINDERER, STEVEN/57664-0377-18/Generic/90/30 Days	214.95	214.95	0.00
12/06/18	388260	30	MELATONIN 3MG PO TAB HINDERER, STEVEN/49348-0898-10/Generic/30/30 Days	3.78	3.78	0.00
12/15/18	389771	30	ESCITALOPRAM OXALATE 10MG PO TAB HINDERER, STEVEN/43547-0281-11/Generic/30/30 Days	389.70	389.70	0.00
					4766.34	

Thank you!

60+ Days	30-59 Days
0.00	0.00

Ins Total	Ins Pay	Cust Pay
N/A	0.00	N/A

*** PAYMENT POSTED

CONFIDENTIAL

ZMC2001967

INVOICE

Invoice Date: 06/12/2019

Order Date: 06/11/2019

Ship Date: 06/12/2019

SELLER

BUYER

Servicing DC

AMERISOURCEBERGEN DRUG CORP 049
ONE INDUSTRIAL PARK DR.
WILLIAMSTON MI 48895-1601

Telephone State License DEA:
844-222-2273 5306001036 RA0290736

Remit To

AMERISOURCEBERGEN
POST OFFICE
PO Box 5188
NEW YORK NY 10087-5188

Ship To

ZMC PHARMACY SF
1041 SOUTH MAIN STREET
ROYAL OAK MI 48067

Sold To

ZMC PHARMACY SF
1041 SOUTH MAIN STREET
ROYAL OAK MI 48067

C2 Blank Number: 19X600153

Facility Desc: SMART-FILL MEMBER

Qty	UOM	Description	VND	CL	CD	Item Number	NDC/UPC	SWP	Unit Price	Extended Amount
Carton Number : 00049877010167901808										
1	EA	ADZENYS XR-ODT ER 12.5 MG TAB 5X6BP	NTH	2N	P	10164884 534545	7 01650-020-30	406.75	327.10	327.10
1	EA	AMPHETAMINE MIXED SALTS 20 MG ER CAP 100	API	2N	QP	10208887 820001	4 39750-334-10	166.80	102.11	102.11
2	EA	AMPHETAMINE SALTS 15 MG TAB 100	TPN	2N	QP	10046865 721757	0 0555-0777-02	171.40	58.61	117.22
1	EA	HYDROCODONE-HOMATROPINE 5/1.5MG TAB 100	KVK	2	QP	10181897 702732	1 07020-055-01	98.45	68.99	68.99
1	EA	HYDROMORPHONE 4 MG TAB 100	AUR	2	QP	10168486 566568	1 31070-108-01	69.06	5.85	5.85
1	EA	VYVANSE 20 MG CAP 100	SHR	2N	P	10037961 586848	5 94170-102-10	1,215.36	977.36	977.36
1	EA	VYVANSE 50 MG CAP 100	SHR	2N	P	10050203 773578	5 94170-105-10	1,215.36	977.36	977.36
1	EA	XTAMPZA ER 27 MG CAP 100	CLL	2	P	10165265 538769	2 45100-130-10	1,388.68	1,116.73	1,116.73
9	Total Number of Pieces for this Invoice									

2 of 2/01-01-2001 - 03-12-2021

ZMC PHARMACY [REDACTED] NPI:1790150266
 1041 S. MAIN ST.
 ROYAL OAK, MI 48067
 248.280.6401 V
 248.280.6411 F

Assignment of Payment

Page: 2 of 2

Statement Range: 01/01/2001 - 03/12/2021

Terms: DUE UPON RECEIPT

Notes:

Balance Due: \$ 32171.80

Amount Remitted: \$ _____

BILL TO: ALLSTATE
 CLAIMS
 PO BOX 2874
 CLINTON IA 52733

Fill Date Invoice #	Code	Qty Tax	Description Doctor/NDC/GEQ/Qty/Days Supply	Total Price	Insurance Net	Customer Net
06/26/18	361620	30	VYVANSE 20MG PO CAP MCKISSICK, MARIANNE D PA/59417-0102-10/Brand/30/30 Days	884.98	884.98	0.00
07/16/18	364632	75	IBUPROFEN 600MG PO TAB HURAIBI, HUSSEIN/65162-0465-50/Generic/75/25 Days	118.68	118.68	0.00
07/24/18	361621	30	VYVANSE 20MG PO CAP MCKISSICK, MARIANNE/59417-0102-10/Brand/30/30 Days	884.98	884.98	0.00
09/22/18	375815	30	VYVANSE 20MG PO CAP GUYER, DAN G MD/59417-0102-10/Brand/30/30 Days	884.98	884.98	0.00
10/25/18	381186	30	VYVANSE 20MG PO CAP GUYER, DAN G MD/59417-0102-10/Brand/30/30 Days	884.98	884.98	0.00
12/07/18	388535	30	VYVANSE 20MG PO CAP GUYER, DAN G MD/59417-0102-10/Brand/30/30 Days	884.98	884.98	0.00
03/06/19	402557	30	VYVANSE 20MG PO CAP GUYER, DAN G MD/59417-0102-10/Brand/30/30 Days	884.98	884.98	0.00
06/17/19	418219	30	VYVANSE 20MG PO CAP GUYER, DAN G MD/59417-0102-10/Brand/30/30 Days	911.43	911.43	0.00
08/03/19	425154	30	VYVANSE 20MG PO CAP GUYER, DAN G MD/59417-0102-10/Brand/30/30 Days	911.53	911.53	0.00
11/12/19	440572	30	VYVANSE 20MG PO CAP WIKTOR, RALPH/59417-0102-10/Brand/30/30 Days	911.43	911.43	0.00
04/08/20	463657	30	VYVANSE 20MG PO CAP GUYER, DAN G MD/59417-0102-10/Brand/30/30 Days	957.10	957.10	0.00
					----- 32171.80	

Thank you!

60+ Days	30-59 Days
32171.80	0.00

Ins Total	Ins Pay	Cust Pay
N/A	32171.80	N/A

*** PAYMENT POSTED

CONFIDENTIAL

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ZMC2001747